

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936985
APPLICANT(S)

BILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		2		2		1
5		2		2		1
6		2		2		1
7		2		2		1
8	1			2		1
9		1		2		1
10		1		2		1
11		1		2		1
12		1	1		1	1
13	1		1		1	1
14		1				
15	1				1	1
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TOTAL IND.	7		3		3	
TOTAL DEP.	12		11		12	
TOTAL CLAIMS	19		14		15	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS